Providing Technical Assistance and Training

UNDERSTANDING INJURY AND VIOLENCE PREVENTION TECHNICAL ASSISTANCE AND TRAINING

Knowledgeable staff members are essential for a state injury and violence prevention (IVP) program to function effectively and sustainably. State IVP staff must keep their own skills and knowledge current, while also providing practical training and technical assistance to other professionals, students, and the general public. Trainings — whether conducted on the job, virtually, or in classroom settings — should address both foundational and advanced skill-building in the principles, practices, and competencies necessary to successfully conduct IVP activities.

NATIONAL TRAINING INITIATIVE (NTI) CORE COMPETENCIES FOR INJURY AND VIOLENCE PREVENTION

In 2015, of the 37 states responding to the State of the States survey, 20 reported using the NTI Core Competencies. Of those using these Core Competencies for IVP, state IVP programs specifically reported the following uses:

- Developing job descriptions (55%)
- Informing staff performance plans (50%)
- Conducting trainings or workshops for state IVP program staff (45%)
- Conducting trainings or workshops for local partners (e.g., local health departments, local organizations, etc.) (45%)

Core Competencies for Injury and Violence Prevention

- Ability to describe and explain injury and/or violence as a major social and health problem;
- Ability to access, interpret, use and present injury and/or violence data;
- Ability to design and implement injury and/or violence prevention activities;
- Ability to evaluate injury and/or violence prevention activities;
- Ability to build and manage an injury and/or violence prevention program;
- Ability to disseminate information related to injury and/or violence prevention to the community, other professionals, key policy makers and leaders through diverse communications networks;
- Ability to stimulate change related to injury and/or violence prevention through policy, enforcement, advocacy and education;
- Ability to maintain and further develop competency as an injury and/or violence prevention professional; and
- Demonstrate the knowledge, skills and best practices necessary to address at least one specific injury and/or violence topic and be ability to serve as a resource regarding that area.

TECHNICAL ASSISTANCE AND TRAINING METHODS

- Forty state IVP programs (98%) provided some form of training or technical assistance to partners, grantees, and others engaged in prevention efforts in 2015.
- State IVP programs used a variety of methods to deliver technical assistance and training to program partners (Figure 21) – most commonly conducting in-person trainings (90%) and responding to requests for technical assistance (78%).
- State IVP programs offering courses for academic credit or continuing education units (CEUs) has decreased from 37% to 17% since 2009.

Figure 21. Methods Used by State IVP Programs to Provide Technical Assistance and Training, 2015 (N=41)

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Conducted in-person training (workshops, conference sessions, etc)</td>
<td>90%</td>
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<tr>
<td>Responded to requests for technical assistance</td>
<td>78%</td>
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<tr>
<td>Offered practical experience for students</td>
<td>44%</td>
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<tr>
<td>Conducted distance learning via computer (internet based, webcast, or CD-ROM)</td>
<td>41%</td>
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<tr>
<td>Conducted distance learning via satellite, video conference, or video tape</td>
<td>22%</td>
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<tr>
<td>Offered courses for academic credit or continuing education units (CEUs)</td>
<td>17%</td>
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**TECHNICAL ASSISTANCE RESOURCES AVAILABLE TO STATES**

In 2015, state IVP programs were asked to describe the technical assistance (TA) and trainings that were either provided or received by their program (Figure 22), as well as providers for obtaining their training (Table 10).

- Overall, state IVP programs were more frequently the recipient of TA and training than they were the provider. The topic for which states received TA (73%) more often than provided (46%) was on evaluation methods and processes.
- The topics for which states were most often providing TA include program strategies and interventions (76%) and data collection, analysis, reporting, and quality improvement (63%).
- The topics for which states were most often receiving TA include data collection, analysis, reporting, and quality improvement (76%) and evaluation methods and processes (73%).
- The Safe States Alliance (88%) and federal agencies (85%) were by far the most common technical assistance resources used by the state IVP programs (Table 10).
Figure 22. Topics for Technical Assistance and Training Provided by and Received by the State IVP Programs, 2015 (N=41)

Table 10. Top Five Technical Assistance Providers Used by State IVP Programs, 2015 (N=41)

<table>
<thead>
<tr>
<th>Top Five Technical Assistance Providers Used by State IVP Programs, 2015 (N=41)</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Safe States Alliance</td>
<td>88%</td>
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<tr>
<td>Federal agencies (e.g., CDC, HRSA, NHTSA, SAMHSA)</td>
<td>85%</td>
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<tr>
<td>National resource centers (e.g., CSN, SPRC or CDR)</td>
<td>66%</td>
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<tr>
<td>Regional networks</td>
<td>63%</td>
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<tr>
<td>Other national organizations (e.g., Safe Kids Network, Prevention Institute)</td>
<td>59%</td>
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Training & TA in Action

A REGIONAL SUMMIT TO TRANSFORM INJURY AND VIOLENCE PREVENTION IN WASHINGTON STATE

The Transforming Injury and Violence Prevention Summit, held in November 2015 near the Seattle airport, enticed attendees with three tracks and a tag line: *innovations in policy, practice, and partnerships*. The Summit itself was an example of all three tracks. It was *made possible by a new partnership between the Washington State Department of Health’s Injury and Violence Prevention (IVP) program and the Northwest Center for Public Health Practice (NWCPHP)*. NWCPHP is one of 10 regional Public Health Training Centers funded by the Health Resources and Services Administration (HRSA). Together, they form a national Public Health Learning Network whose mission is to strengthen the technical, scientific, managerial, and leadership competence of the public health workforce.

Through their partnership, the Department of Health’s IVP Program and the NWCPHP discovered a *shared need for a regional summit to address primary prevention*. NWCPHP had resources, technical expertise, and networks beyond the usual IVP crowd; the IVP Program had a wealth of content expertise, connections throughout the region, and access to research and best practices across the IVP spectrum. *Neither partner could have supported a Summit of this scale on its own, but together they quickly filled 100 seats with eager attendees.*

In addition to the three tracks on innovations in policy, practice, and partnerships, summit plenary speakers also addressed issues beyond IVP – particularly health care reform and health equity. These turned out to be among the most memorable and appreciated by summit participants. *As a result of the unique partnership, the summit also drew a diverse crowd: researchers, practitioners, EMS and health care professionals, prosecutors, workers’ compensation experts, and many others. A concrete outcome of the summit was a set of new, cross-cutting networks, spanning not only topic areas and roles but also state borders.*

The IVP Program highly recommends reaching out to a regional Public Health Training Center to explore similar win-win opportunities to provide ongoing training and technical assistance. Beyond the summit itself, the partners have *collaborated on webinars and training calls, and plan to hold future summits* as well.
